



ILLINOIS MAIN STREET

DESIGN ASSISTANCE REQUEST FORM

Applicant name: _____

Applicant address: _____

Town: _____ Zip: _____ Phone: _____

Email: _____

Building address: _____

Town: _____ Zip: _____ Phone: _____

Business name: _____ Business owner: _____

Building owner: _____

Owner address: _____

Town: _____ Zip: _____ Phone: _____

PROPERTY INFORMATION

Date of building's original construction/later modifications: _____

Present use: _____ Proposed use: _____

Has the property been listed or nominated for listing on the National Register of Historic Places, either individually or as a part of a Historic District? Yes or No

PROJECT INFORMATION

Please check the improvements made to the property in the past five years:

- | | | |
|---|--|---|
| <input type="checkbox"/> roof work | <input type="checkbox"/> storefront rehabilitation | <input type="checkbox"/> sign improvement |
| <input type="checkbox"/> repointing/masonry work | <input type="checkbox"/> mechanical work | <input type="checkbox"/> painting (exterior) |
| <input type="checkbox"/> interior remodeling | <input type="checkbox"/> electrical work | <input type="checkbox"/> repair/replace windows |
| <input type="checkbox"/> other (please specify) _____ | | |

Please check the improvements you are currently considering implementing:

- | | | |
|---|--|--|
| <input type="checkbox"/> awning treatment | <input type="checkbox"/> storefront rehabilitation | <input type="checkbox"/> window repair/upgrade |
| <input type="checkbox"/> painting (exterior) | <input type="checkbox"/> façade restoration | <input type="checkbox"/> building maintenance |
| <input type="checkbox"/> sign improvement | <input type="checkbox"/> upper floor conversion | <input type="checkbox"/> handicapped accessibility |
| <input type="checkbox"/> other (please specify) _____ | | |

Office of Lt. Governor
414 Stratton Bldg.
Springfield, IL 62706
217.782.3734
www.state.il.us/lsgov

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100 W. Randolph
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Chicago, IL 60601
312.814.5220

Colors currently used for:

Signage: _____ Promotional materials: _____

Project budget: ☐ up to \$5,000 ☐ \$5,000 - \$15,000 ☐ over \$15,000

Financial Incentives planned to be taken:

☐ 10% Tax Credit ☐ 20% Tax Credit ☐ 50% Handicap Accessibility Tax Credit
☐ Local incentives, if applicable ☐ Would like more information on incentives

Target start date: _____ Month _____ Year

Target completion date: _____ Month _____ Year

Additional comments: _____

Illinois Main Street Architectural Services are preservation-based recommendations provided by the Office of the Lieutenant Governor and the Illinois Historic Preservation Agency. Recipients are free to use the recommendations at their discretion but are expected to complete the project. Recipients are required to share project cost information and photographs with Illinois Main Street and the local Main Street program within 3 months of completion. ILMS reserves the right to determine the order in which the applications are completed.

Please remember to include the following:

- ☐ copies/examples of business cards, promotional materials, letterhead, logos, color swatches, graphics ideas, etc.
- ☐ any historic photos of the property (quality photocopies are acceptable).

Applicant signature: _____ Date: _____

Applicants, please return this form to your Main Street Program Manager.

Managers, please return a copy of this form to both of the following addresses:

Illinois Main Street
Illinois Historic Preservation Agency
One Old State Capitol Plaza
Springfield, IL 62701

Illinois Main Street
Office of the Lt. Governor
414 Stratton Building
Springfield, IL 62706